

VILLAGE OF CAMBRIDGE

56 North Park Street
Cambridge, New York 12816
518-677-2622
www.cambridgeny.gov

Freedom of Information Law (FOIL) Request Form

To: **Records Officer**
(See address above)

From: _____

Address: _____

Phone: _____

I, _____, do hereby request a copy of the following record(s):
Full Name of Requestor

(You must provide date(s) and sufficient other Identifying Information in order for your request to be processed.)

Purpose of Request: _____

Date of Request

Signature of Requestor

VILLAGE USE ONLY – VILLAGE USE ONLY

APPROVED ☐

DENIED ☐ Reason Documented Below

- ☐ Confidential Disclosure
- ☐ Unwarranted Invasion of Privacy
- ☐ Part of Investigative Files
- ☐ Record Not Maintained by this Agency
- ☐ Record No Found by this Agency
- ☐ Exempted by Statute other than FOIL
- ☐ Other: _____

FORM DETAILS/INSTRUCTIONS

NOTICE: You have 30 days to appeal a denial of this application with the Chief of Police, who must fully explain the reasons for such denial in writing within 10 days of receipt of your appeal.

**** Please note there will be a \$0.25 charge per photocopy for each page of each report requested. Motor Vehicle Accident Reports carry a mandatory fee of \$15.00.**